

Hacienda West Apartment Limited Partnership's
APPLICATION FOR ADMISSION TO FARM LABOR HOUSING
APLICACION PARA VIVIENDAS/APARTAMENTOS PARA OBREROS DE AGRICULTURA

IMPORTANT: Please fill out this form completely. No application will be accepted if each question is not answered completely.
 IMPORTANTE.- Favor de llenar esta forma completamente. No sera aceptada ninguna aplicacion hasta que cada pregunta sea contestada completamente.

PLEASE PRINT LETRA DE MOLDE POR FAVOR

Name
 Nombre _____

Address
 Domicilio _____

City State Zip Code Telephone #
 Ciudad Estado Zona Postal Telefono # _____

Employer How long have you worked there
 Empleador Cuanto tiempo _____

Address of Employer
 Domicilio de Empleador _____

City Position Title Work Telephone #
 Ciudad Posición Telefono de Trabajo _____

HOUSEHOLD MEMBERS Please list all members living in the home, including yourself
MIEMBROS DEL HOGAR Nombre abajo todas las personas que viviran en la unidad, incluyendo a si mismo

Last Name <i>Apellido</i>	First Name <i>Primer Nombre</i>	Social Security # <i>Numer de Seguro Social</i>	Date of Birth <i>Fecha de Nacimiento</i>	Sex <i>sexo</i>	Relation to Applicant <i>Relación con el Aplicante</i>

CITIZENSHIP
ESTADO DE RESIDENCIA

Is at least one member of your household who is 18 years or older employed in farmwork and a citizen or legal permanent resident of the United States? _____ Yes _____ No

Hay una persona en la casa que es de 18 años o mas que esta empleado en trabajo agricultor y es un ciudadano, o residente legal de Estados Unidos? _____ sí _____ No

Have you been displaced because of a government action?
Ha sido usted desplazado por una accion de gobierno? _____

Is there any household member that has a violent criminal history, or drug or alcohol charges? _____
Hay algun miembro de su casa con historia de actividad críminal, o cargos de alcohol? _____

If yes, please explain:

Si es si, favor de explicar: _____

Has any household member ever been terminated from any subsidized housing for fraud, non payment of rent, or failure to meet your re-certification date? _____

Hay algun miembro de su casa que le hayan terminado su asistencia en renta de subsidio po fraude, no pagar renta, la falta de cooperacion con el prozeso de recertification? _____

If yes, please explain:

Si es si, favor de explicar circurrstancias: _____

Do you need a Handicapped accessible apartment? _____ Yes _____ No

Necesita un apartamento con accesibilidad de impedido? _____ sí _____ No

INCOME INGRESO

Does your household receive at least \$+05\$ per year from farmwork? _____ Yes _____ No

El ingreso familiar es por lo menos \$7050 por ano viniendo de trabajo agricultor? _____ Si _____ No

Use all anticipated income for the household from all household members for the next 12 months. Mark each one yes or no. Fill out the spaces for each yes answer.

Anticipa cualquier miembro de esta familia recibir Ingreso de cualquier siguiente fuente durante los proximos 12 meses. Marque cada pregunta si o no. Uene todos espacios para cualquier pregunta que conteste con un si.

	Yes or No Si o No	Amount rec'd week/month/year Cantidad que recibe por semana/mes/ano	Which family member Cual miembro de la familia lo recibe	Name of Company Contact, Address, Phone Trabajo o Compania Nombre, Direccion, Teletbno
A. Farmworker Income Ingreso del trabajador agricultor		\$		
B. Job 2 Sueldos 2		\$		
C. Job 3 Sueldos 3		\$		
D. SS, SSI, SSII, SSB		\$		
E. Pension/Retirement Pensión/Retiro		\$		
F. Child Support Mant Para Hijos		\$		
G. Veteran's Benefits Beneficios para veteranos		\$		
H. Weifare/AFDC Weifare/AMC		\$		
I. Unemployment Desempleo		\$		
3. Workman's Compensation Compensacion al trabajador		\$		
K. Interest bearing accounts Interes		\$		
1. Gifts Regalos monetarios		\$		
M. Other Income Otro Ingreso		\$		

Note: Please give the name and address for the sources of income listed. They will be used to verify the income.

Nota: Debe dar lista de domicilios de lugares de ingreso. Seran usados para verificacion.

BANK INFORMATION INVENTARIO DE BIENES

Please answer each question with yes or no. For any yes answers please fill out the following spaces.
inventario de bienes que tengan todos los miembros de esta vivienda. Complete todos los espacios en blanco si su respuesta es si

	Yes or No Si o No	Name on Account Nombre en La Cuenta	Account Number Numero de Cuenta	Account Balance Balance Actual/Valor	Bank Address & Phone # Lugar de Banco Nombre domicilio/Telefono
A. Checking Account Dinero en efectivo Cuenta de Cheques				\$	
B. Savings Account Cuenta de Ahorros				\$	
C. Certificate of Deposit Certificado De Deposito				\$	
D. IRA/Life Insurance IRA/Aseguranza de vida				\$	
E. Pension Cuenta de pension Ahorros de jubilación				\$	
F. Other Accounts Otros Bienes				\$	

Have you or a household member sold any property in the last two years? _____ If yes, please explain:
Durante los ultimos 2 anos, ha dispuesto usted o alguien en esta familia de bienes por menos de su valor?
 _____ *Si es si, explique:*

VEHICLES VEHICULOS

include cars, motorcycles, traller, trucks, boats, etc. that belong to any household members.
Mclúya autos, motos, barcos, campers, trallas, etc. que pertenezcan a alguien en su familia.

Make/Model Marca/Modelo	Year of Vehicle Año del carro	Color Color	License Plate # # De Placas	Plate Expiration Date Expíran En

INCOME ADJUSTMENTS AJUSTE DE INGRESOS

Does any member of the household request an adjustment of the household income due to:

Hay alguna persona en la casa que solicite un ajuste de ingresos para:

Handicap or disability? _____ Yes _____ No

Impedido o incapacidad? _____ si _____ No

Do you pay out of pocket medical expenses? _____ Yes _____ No How much? _____

Tiene usted gastos medicos? _____ si _____ No Quanto? _____

Fuij-time student, 18 years or older? _____ Yes _____ No

Estudiante completo de 18 anos o mas? _____ si _____ No

Do you pay for child care? Yes _____ No _____

Name of provider

Tiene usted gastos de cuidado de nino? Si _____ No _____ Nombre del pro vedor _____

Address of provider

Direccion del Provedor _____

HOUSEHOLD EXPENSES GASTOS PER LA FAMILIA

Please include monthly obligations/payments for medical expenses, car payments, childcare expenses, loans, etc.

Zncluya obligaciones mensuales, incluso gastos medicos, pagos del auto, mantenimiento para ninos, prestamos, etc.

TType of Payment Pagable a	Name & Address of company <i>Nombre de la Compania</i>	Monthly amount paid Cantidad
		\$
		\$
		\$
		\$
		\$
		\$

Note: If you need additional space, please use another sheet of paper

Nota: Si necesita espacio adicional, puede usar hojas adicionales

CERTIFICATION & AUTHORIZATION
CERTIFICACION Y AUTORIZACION

I certify that the statements above are true and complete to the best of my/our knowledge. I/We understand that false statements are punishable under Federal Law, and may result in the termination of my application. I also certify that the unit I am applying for will be my household's permanent residence, and I will not maintain a separate subsidized rental unit in a different location.

The information on this form is being collected by the Federal Government to determine the applicant's recommended unit size, and the amount of contribution by the family. It will be used to provide the basis for managing the programs covered by this form, for protecting the government's financial interest, and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State and local agencies Men relevant, to civil, criminal or regulatory investigators. 42 USC 1437 et reg. OHCS 1981, PL 97-35, Stat 348.408

Yo certifico que la información contenida aquí es verdadera y correcta con mi mejor conocimiento. Entiendo que toda información escrita en esta aplicación así como cualquier información o materiales que sea determinada falsa o no verdadera resultara en la cancelación permanente de la aplicación. Yo certifico que en la vivienda que ocupare, sera nuestra residencia permanente. También certifico que no voy a tener vivienda separada en otro lugar.

La informadon solicitada en esta aplicacion es requerida por el dueno de los apartamentos para asegurar al Gobierno Federal, actuando por vía de sus agencias, que las Leyes Federales prohibiendo discriminación contra inquilinoslaplicantes a base de raza, color, credo, origen nacional, religion, sexo, estado matrimonial o familiar, edad, o desabilitadon física o mental se estan cumpliendo. Esta informacion no sera usada en la evaluacion de su aplicacion o para discriminar contra usted en cualquier forma. Si decide no damos la informacion, el dueno es requerido apuntar la razalorigen nacional y sexo de los aplicantes a base de observación visual o apellido.

I/We authorize the Hacienda West Apartment Limited Partnership to verify my income and references:

Yo autorizo la relevada de la informacion requerida de los siguientes lugares y entiendo que tengo el derecho de revisar mis expedientes archivados por la Compañía Manejadora.

WARNING: Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device, a material fact or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictiflous statement or entry shall be fined not more than \$250,000 or imprisoned not more than five years or both."
AVISO: Seccion 1001 de titulo 18, al codigo de Estado Unidos estipular, quienquiera en qualquiera situacion con jurisdicción de qualquiera departamento o agencia de Estados Unidos, astutamente y deliberado de daba informacion falso, si puedo recibir un multa que no es en exceso de \$250,000 o menos de cinco anos encarcelar o las dose.

Name _____
Nombre _____
Signature _____ Date _____
Firma _____ *Fecha* _____

Name _____
Nombre _____
Signature _____ Date _____
Firma _____ *Fecha* _____

Name _____
Nombre _____
Signature _____ Date _____
Firma _____ *Fecha* _____

All member of the household 18 years of age or older must complete and sign this form.
Todos los miembros de la casa mayores de 18 anos se requiere que completen y firmen esta forma.

APPLICANT REFERENCE INFORMATION

Please complete the following landlord information. A minimum of 2 years rental history is required. If you have not had any previous landlords, you must provide us with at least 4 alternative references. (See items 5 through 8) All references must be able to provide information concerning the applicant family's (1) past performance in meeting financial obligations and lease obligations, including rent obligations, and (2) past performance in caring for rental property (housekeeping), and (3) past performance in getting along with neighbors.

1. MOST RECENT LANDLORD NAME: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Your address was: _____

City: _____ State: _____ Zip: _____

Move in Date: _____ Move out Date: _____

Name you used when renting: _____

2. PREVIOUS LANDLORD NAME: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Your address was: _____

City: _____ State: _____ Zip: _____

Move in Date: _____ Move out Date: _____

Name you used when renting: _____

3. PREVIOUS LANDLORD NAME: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Your address was: _____

City: _____ State: _____ Zip: _____

Move in Date: _____ Move out Date: _____

Name you used when renting: _____

4. PREVIOUS LANDLORD NAME: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Your address was: _____

City: _____ State: _____ Zip: _____

Move in Date: _____ Move out Date: _____

Name you used when renting: _____



**HOUSING AUTHORITY OF THE
COUNTY OF UMATILLA, OREGON**

SERVING GILLIAM MORROW, UMATILLA AND WHEELER COUNTIES

GENERAL INFORMATION RELEASE AUTHORIZATION

A. The Umatilla County Housing Authority requires that applicants and participants in assisted housing programs provide a social security number for each family member. The social security number will be used to establish the computer record and the identification of applicants/participants and their family members. These numbers will also be used to verify former tenancy in subsidized housing programs: to confirm prior rent payment history and to verify eligibility information (i.e. income, assets, etc.)

We have read the above and understand and agree to provide social security numbers to HAP for the purposes mentioned.

B. I/We do hereby authorize the Umatilla county Housing Authority to contact any agencies, employers or organizations to obtain any information or materials deemed necessary to determine my eligibility for participation in the Housing Authority programs. I/We further authorize the same information to be made available on an on-going basis for continued participation and copies of this form to be used in place of the original.

C. I/We give any credit bureau permission to release my/our credit history to the Housing Authority for the purposes of verifying eligibility or continued eligibility for federal rent assistance (business transaction have a personal, family or household purpose for the consumer); AND

D. I/We give permission to any police authority, parole or probation authority, or any other entity or agency which maintains or has access to records of criminal arrests, conviction, incarceration, probation, parole and the like and copies of this form to be used in place of the original.

Print name of head of household

Signature Date

Social security number

Date of birth

Print name of other adult

Signature Date

Social security number

Date of birth

Print name of other adult

Signature Date

Social security number

Date of birth





AUTORIZACION PARA ENTREGA DE INFORMACION
DEBE SER ATESTIGUADO O NOTARIZADO

Nombre (En letra de molde) _____

Numero de Seguro Social (se utiliza con propósitos de identificación solamente) _____

Yo autorizo al Departamento de Empleo, de; Estado de Oregon, que suministre a: (nombre del individuo u organización)

The Umatilla County Housing Authority

la siguiente información de mis archivos con el Departamento de Empleo: (Favor de poner sus iniciales en los puntos que *affiquen*)

- _____ mi nombre, domicilio, numero de teléfono e información demográfica,
- _____ información acerca de los servicios que ya he recibido o que recibiré,
- _____ historia de trabajo y otra información que yo he provisto con propósitos de buscar trabajo,
- _____ información de mi archivo de ingresos,
- _____ Información de mi archivo de seguro de desempleo (ejemplos: ECLM y/o reporte de ingresos y beneficios, etc.),
- _____ otra información (debe identificar específicamente que información puede suministrarse)

Yo entiendo que esta autorización estará en vigencia hasta que yo la cancele por escrito (para información de trabajo) o por el tiempo que dure mi reclamo de; seguro de desempleo (para información sobre el Seguro de Desempleo),

Yo entiendo que la información en mis archivos es confidencial y que yo autorizo que se suministre la información alistada arriba,

Yo entiendo el propósito de esta autorización,

Yo estoy firmando de mi propia voluntad y lo hago sin ser presionado(a) a hacerlo.

Firma _____ Fecha _____

DEPARTAMENTO DE EMPLEO	AGENCIAS COMPAÑERAS*
<p>De ser atestiguado por un empleado M Departamento de Empleo debe completarse la porción indicada abajo.</p> <p>Nombre del testigo en letra de molde _____</p> <p>Firma del testigo _____</p> <p>Sucursal _____</p>	<p>De ser atestiguado por una agencia compañera* la porción abajo debe completarse. La agencia compañera debe retener este documento y someterlo al Departamento de Empleo con cualquier/cada solicitud de información.</p> <p style="text-align: right;">Umatilla County</p> <p>Organización compañera <u>Housing Authority</u></p> <p>Nombre M testigo en letra de molde _____</p> <p>Firma del Testigo _____</p> <p>Numero de teléfono del testigo <u>541-567-3241</u></p>
NOTARIO	
<p>De ser notarizado debe completarse lo siguiente:</p> <p>Estado de _____ Condado de _____</p> <p>Firma (delnotario) _____</p> <p>Fecha en que expira su comisión _____</p>	<p><small>*Empleados de agencias compañeras autorizadas deben haber firmado el cometido a confidencialidad del Departamento de Empleo.</small></p>



RELEASE OF INFORMATION AUTHORIZATION
MUST BE WITNESSED OR NOTARIZED

Name (please print) _____

Social Security Number (used for identification purposes only) _____

I authorize the Employment Department, State of Oregon, to release to: (individual's or organization's name)
The Umatilla County Housing Authority

the following information from my records on file with the Employment Department: (please initial those that apply)

- my name, address, telephone number and demographic information,
information about services that I have received or will receive,
work history and other information that I provided for job placement purposes,
wage record information,
unemployment insurance information (i.e. ECLM and/or Wage & Benefit report, etc.),
other information (the information to be released must be specifically identified)

I understand this authorization will be in effect until cancelled in writing by me (for placement information) or for the duration of my unemployment insurance claim (for UI information),

I understand that information in my records is confidential and that I approve the release of the information listed above,

I understand the purpose of this authorization,

I am signing on my own and have not been pressured to do so.

Signature _____ Date _____

Form with two columns: EMPLOYMENT DEPARTMENT and ONE-STOP PARTNER*. Includes sections for NOTARY and witness information.

Authorization for the Release of Information Privacy Act Notice

to the U.S. Department of Housing and Urban Development(HUD)
and the Housing Agency/Authority(HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of Information; (cross out space if none)
(Full address, name of contact person and date)

Housing Authority of Umatilla County
155 S. W. 10TH ST.
HERMISTON, OR 97838

07131/2003

IHA requesting release of Information; (cross out space if none)
(Full address, name of contact person and date)

xx xx
xx xx
xx xx
xx xx
xx xx

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) I-IUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers;(2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to the other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Tumkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certification
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration(HUD only) (This consent is limited to wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow, HUD or the RA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under EWD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household ,	Date		
_____		_____	_____
Social Security Number(if any of Head of Household)		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and the fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will effect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

Hud, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purpose cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



**HOUSING AUTHORITY OF THE
COUNTY OF UMATILLA, OREGON**

SERVING GILLIAM, MORROW, UMATILLA AND WHEELER COUNTIES

NOTICE OF OBLIGATION TO RELEASE INFORMATION

**Housing Authority of Umatilla County
115 SW 101h Street
Hermiston, OR 97838
(541) 567-3241**

According to Federal Regulation Rule 982.307 the Housing Authority must give the owner the following:

- * The family's current address (as shown in the Housing Authority's records);
- * The name and address (if known to the Housing Authority) of the landlord at the family's current and prior address.

When a family wants to lease a dwelling unit, the Housing Authority may offer the owner Other information in the Housing Authority possession about the family, including information about the tenancy history of family members or about drug trafficking by the family members.

I/We have read and do understand the above statements and do hereby acknowledge it in writing.

_____	_____
Signature of Applicant	Date
_____	_____
Signature of Spouse/Other Adult	Date
_____	_____
Signature of Other Adult	Date
_____	_____
Signature of Other Adult	Date



RELEASE OF INFORMATION AUTHORIZATION

I authorize the Employment Division, State of Oregon, to release to:

USDA RURAL DEVELOPMENT
RURAL HOUSING SERVICE
PENDLETON RD AREA OFFICE
200 SE HAILEY AVE., STE 105
PENDLETON, OR 97801

Information from my records on file with the Employment Division. I understand that this authorization will be in effect for the term of assistance received from Rural Development.

Signature

Social

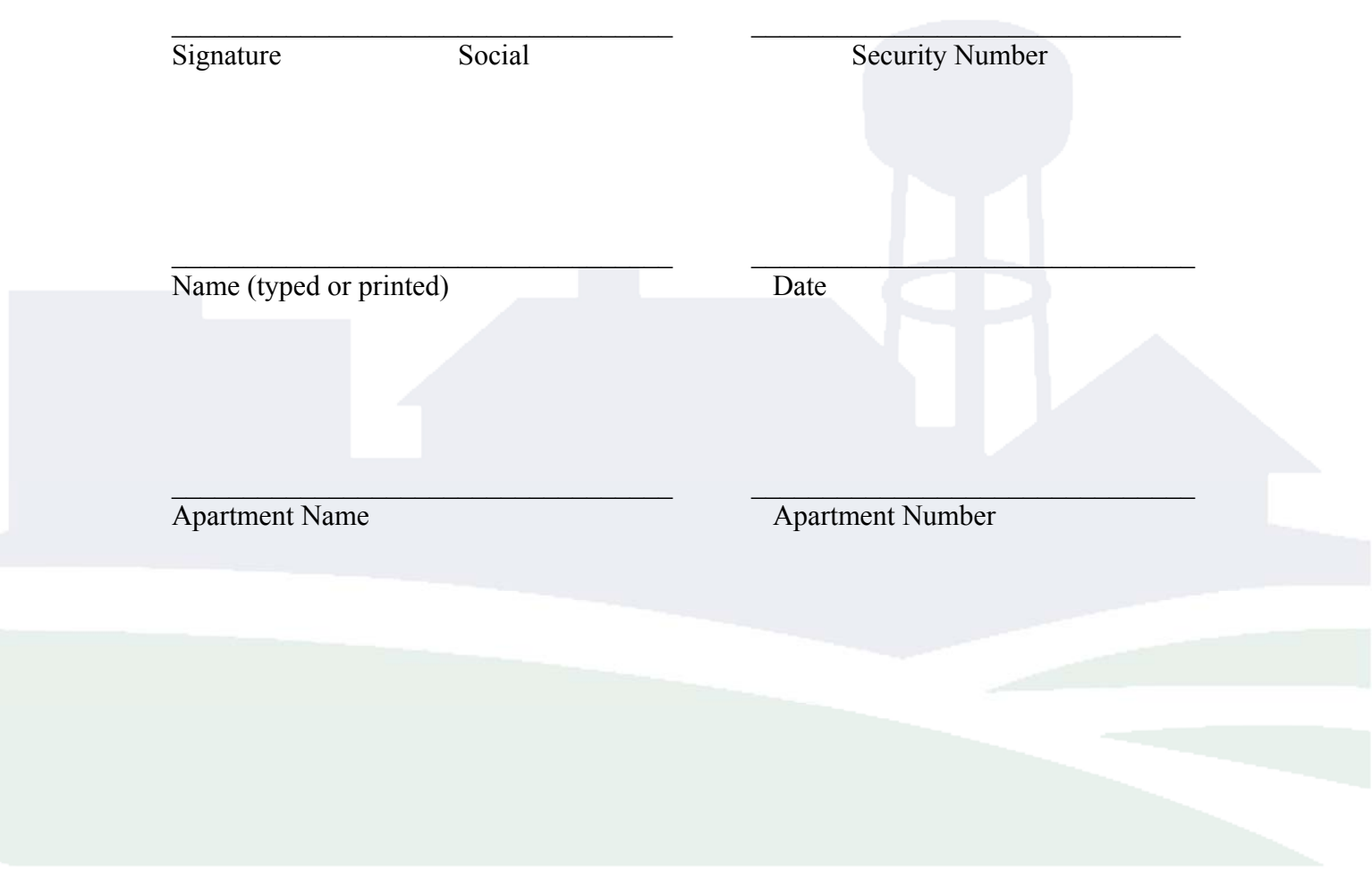
Security Number

Name (typed or printed)

Date

Apartment Name

Apartment Number



AUTORIZACIÓN PARA LA DIVULGADA DE INFORMACIÓN

Autorizo el Divición de Empleo, del Estado de Oregón, a divulgar a:

USDA RURAL DEVELOPMENT
RURAL HOUSING SERVICE
PENDLETON RD AREA OFFICE
200 SE HAILEY AVE., STE 105
PENDLETON, OR 97801

Información de mis archivos con el Divición de Empleo. Yo intiendo que este autorización va a ser en efecto por el periodo de ayuda recibido de Develoepmento Rural.

Asignarura

Núm

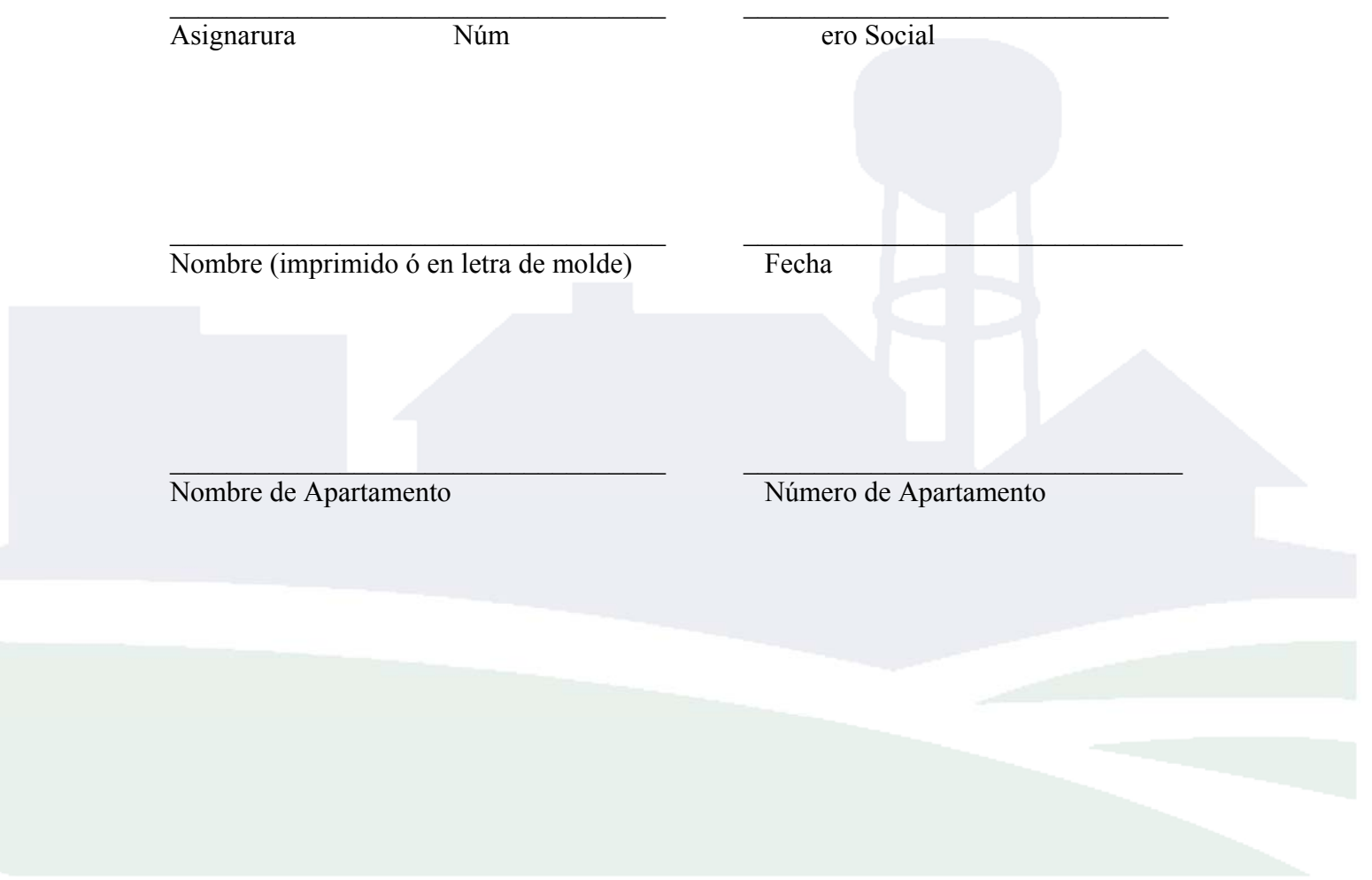
ero Social

Nombre (imprimido ó en letra de molde)

Fecha

Nombre de Apartamento

Número de Apartamento



APPLICANT/TENANT QUESTIONNAIRE

All household members 18 or older must complete a separate questionnaire

This questionnaire is invalid unless filled out by the applicant. Management may not fill out this form.

Unit # _____

Applicant/Tenant Name: _____

Applicant/Tenant Phone: _____

Applicant/Tenant **Estimated GROSS** Monthly Income: \$ _____

Applicant/Tenant: Please check "yes or no" for each line

Yes	No	
_____	_____	I am entitled to file a joint tax return.
_____	_____	I am currently a student. Anticipated graduation date: _____
_____	_____	I intend to become a student in the next 12 months.
_____	_____	I am presently employed and receive wages/tips/commissions.
_____	_____	I am presently employed at more than one job. (NOT self-employed)
_____	_____	I am self-employed.
_____	_____	I own a business.
_____	_____	I currently am on leave of absence from work.
_____	_____	I currently receive unemployment benefits.
_____	_____	I have a savings account.
_____	_____	I have a checking account.
_____	_____	I have a money market account.
_____	_____	I own a certificate of deposit (CD).
_____	_____	I own stocks/bonds. (Not held in a retirement plan)
_____	_____	I own real estate or I am in the process of selling real estate.
_____	_____	I have sold or given away real property or other assets (including cash) in the past two years.
_____	_____	I have an IRA. (NOT yet receiving income)
_____	_____	I have a pension plan at work. (NOT yet receiving income)
_____	_____	I receive Social Security income.
_____	_____	I receive income from a pension/annuity/retirement ftdm.
_____	_____	I receive money periodically from my family, church, friends, etc.
_____	_____	I am entitled to receive child support.
_____	_____	I am entitled to receive alimony.
_____	_____	I receive AFDC/TANF
_____	_____	I receive assistance from a Public Housing Authority.
_____	_____	I receive Supplemental Social Security (SSI).
_____	_____	I receive Workman's Compensation.
_____	_____	I have a Trust Fund.
_____	_____	I have some other form of income not specifically referenced above.
Yes	No	

Signature

Date